Long Term Care Coordinating Council

Regular Meeting
January 11, 2012
10:00 am
RI Council of Community Mental Health Organizations
40 Sharpe Drive, Suite 3
Cranston, RI

Minutes

Lt. Governor Elizabeth Roberts	Kathleen Heren
Elena Nicolella	Bonnie Sekeres
Craig Stenning	Roberta Merkle
Jim Nyberg	Bill Flynn
Cynthia Conant-Arp	Dawn Wardyga
Cathy Cranston	Maureen Maigret
Deanna Casey	Lisa Pontarelli
Maureen Glynn	Bonnie Larsen
Kathleen Kelly	Emmanuel Falck

1. Call to Order
    a. The Chair called the meeting to order at 10:11 am.
2. Approval of Minutes
    a. The minutes from the January 11, 2012 meeting were approved unanimously.
3. Report of Nursing Home Deficiencies Monitoring, Ray Rusin, Department of Health
    a. Mr. Rusin reported that there were 8 standard unannounced visits, 5 follow-ups, one citing of compliance, one substandard report.
4. Discussion of FY 2013 State Budget
    a. Elena Nicolella provided a summary of Budget Articles for the coming year.
    b. Elimination of adult dental – there will be cuts of $7 million to private practices and $5 million at the health centers. These cuts take place in October. Children's services are maintained.

c. The Chair asked if it is clear whether there's a legal requirement to provide oral health in nursing homes. Elena was unsure whether the obligation fell on the home or the state? The Chair asked if perhaps if was a licensure issue and added that if Medicaid, then who pays for it? Elena clarified that there is no coverage of dental under Medicare.
d. The Chair clarified that it is $7 million of care that is provided for adults in private offices – and added that there is a lot of conversation about Medicaid beneficiaries getting services in private practices. Elena responded that they would get a breakdown of this because this number surprised them too.
e. Cathy Heren stated that the state is supposed to provide oral hygiene. The Chair said that service was being provided, but it was a question of service providers – podiatry, optometry and dental. Access dropped out of RI and all of a sudden very few nursing homes had that relationship with providers. Cathy Heren state that she believes it was topic of conversation 7-8 years ago. The Chair shared that dental health is an optional service in Medicaid and that MA has made major changes oral health.
f. Elena added that dental isn't required and there are 5 states that don't provided it. The Ability to limit the benefit came up at hearing – they looked at that and ran some numbers: 6.8 million associated with private practice dental care, about 1.6 million is associated with oral surgery.
g. Craig Stenning stated that the number of people on Medicaid able to access oral health – the trend of those with DD, overwhelming number can access dental care. They have been reducing the clinics that they used to run because they're not being used to the same extend. Samuel dental clinic still available for difficult cases.
h. Elena added that 33,000 used one service, and there are about 90,000 who have access. As a percentage of users, it's a small service. The Chair suggested that this reflects the fact that in 60's, when law was written, dental services weren't recognized as being as important.
i. Dawn Wardyga added that Dr. Fine participated last night at the hearing. More and more data shows direct connection between good oral health and maintaining good overall health. This affects premature infants, cardiac care, etc. It is important to share that this research and background information because it is powerful – to argue pay now or pay later is important for state to consider.

j. Elena Nicolella moved on to the next largest article; majority of cuts coming from way we pay managed care orgs. For their managed care products (RIte care and Rhody Health Partners). Have asked the organizations to develop tools to better manage the care. United and NHP have done a good job so far and the agency thinks they could do even better. Utilization review, managing provider networks better, looking at the site of care and moving folks to a less costly site of care if possible are all methods of doing so. All together the general revenue cut to the MCO's is a $16m cut.

k. Elena continued to explain that they also have a proposal to cut nursing homes by $6 m. The language isn't explicit (article 31). They had made a cut in the current year of about the same amount but after review, reversed the cut after realizing there was insufficient statutory authority to do so. They have since gotten the authority and made the cut. What they're paying nursing homes this year is not in the current budget, so it's hard for folks to find the money being cut in 2013 budget.
l. Jim Nyberg: This is an across the board rate cut.
m. Bill Flynn asked whether the cut was 1.8% -- and then the per diem rate for current fiscal was another 1.8% in the following year? Elena clarified that this refers to 2012 and 2013 – and to address 2012 since the $6m paid this year is not in the 2012 budget. This shouldn't be read as an attempt to take out $6m in 2012 – it's just an internal need to be consistent to recognize that in 2012, that money wasn't budgeted for.
n. Maureen Maigret asked if it's in the Supplemental? Elena answered that it is not in the supplemental budget, so HHS is operating at a surplus. The Chair explained that it's in the budget so that this year, it can be shown as being removed.
o. Elena went on to share that they're reducing DME rates. Right now we pay 95% of the Medicare rate – we'll be reducing to 85%. This means amending one of the articles to reflect that – it got lost somehow, but it will be amended. Selective contracting for DME didn't prompt the responses they'd hoped – the intent was to consolidate sources for DME in RI and the way responses turned out is that it would be more difficult. What did come out of it was that the rate for DME could be reduced.
p. Dawn Wardyga asked if this will be across all Medicaid populations? Elena responded that it is just adults with disabilities and the elderly. They did not extend the reduction to children. This is $485,000 general fund savings.
q. Elena continued and explained that they're implementing administrative review of home and community based services. About $3 million in general revenue here. Improving their internal review and authorization. Starting with home health hours and in 2013 will expand to all community based long-term services and supports.
r. The Chair asked Elena to help the Council understand this process – will it monitor on expenditure or number of hours people are utilizing? Elena answered that they're working with long-term care field office with Ellen Mauro. 2012 will see an April cut. The point is to provide people with a standardized sense of reasonable hours given a particular diagnosis – a range of hours. We don't currently provide this sort of a guide. Any time a person needs to exceed this range, they'd have to go up to their first line supervisor. Elena explained that they do well approving additions, but don't do great job in reviewing a need to reduce hours where crisis or such situation is alleviated. Elena offered to come back next month to provide an update on this. She met with Dawn to discuss doing the same thing for

children with special healthcare needs. Also put pressure on managed care organizations to do this and felt should do the same for themselves. This is a reduction of $3m in general revenue. For kids, $380k general revenue cut.

s. The Chair stated that initially it sounded like if you bump up against a ceiling, then that triggers a review – is it more like a type of service and corresponding allocation of service? Elena explained that its a little of both; a corrective action plan for home health initially. Looking at if someone's expenditures exceed an amount, and if it does, it triggers an action. No caps, just a triggered reviews. Additionally, there will be a guide. The chair asked who the review is triggered with? Elena answered that for families with kids with special needs, the trigger would begin a call to the family to gather information to guide the conversation. For adults, depending on the program, either a conversation with social caseworker or case management agency. All existing appeals processes would apply.

t. Dawn Wardyga stated that the Katie Beckett program has always been an area where there have been attempts to cut down costs on that population. Dawn expressed that she appreciates Elena having reached out on this – one cannot find this program change in the budget, but going forward, we will continue to discuss this issue and advocate for accountability. Going forward, work with Elena to be involved in early conversations because the formulas for how the changes to Katie Beckett have not yet been worked out. Really eager to be involved earlier than later and will be willing to look at this objectively. Elena added that we would be resuscitating the leadership roundtable.

u. Cathy Cranston said that she wanted to talk about the home health cuts. Have spoken with Elena about the authorization issue – important to authorize based on the needs of patient (front load when out of hospital, back of later on if appropriate). She stated that she is hopeful that this will be in the best interest of the patient and will pay adequate rates for the actual care needed by the patient.

v. Jim Nyberg asked of the home health cuts in April will expand in July? Any additional cuts? Elena responded there would be $400,000 selective contracting.

w. Director Stenning then addressed the Council regarding cuts under the aegis of BHDDH. He began by stating that all were hopeful that the structural deficit would be closed and these decisions wouldn't have to be made and recognized that although we're reducing now that cost will come later. It's unfortunately what happens when in a structural deficit. The 2013 budget was built off of the 2012 budget. Governor has proposed some revenue enhancing initiatives, but if they're not successful, we'll be in similar situation. BHDDH has 5 initiatives in this year's budget (less than half of current budget).

x. Health homes initiatives for individuals with serious mental illness in the current year, but that began after first quarter was over – budget looks like savings but its 12-month implementation of the program.
y. Extension of health homes – begin with serious mental illness and once got approval, proposed adding extension of health homes concept to include individuals with complex medical needs and also receiving opioide dependency treatment.
z. Expanding into individuals with developmental disabilities who have complex medical needs – low estimate initially of this number, but expect it will be higher. Substance abuse in residential care facilities – meth and outpatient treatment had been addressed, but residential had not yet – so they're finally doing this. The RFP will change somewhat in residential to recognize that the continuum of services is much broader than it was years ago – we're hopeful they'll expand beds to sober house beds, recovery beds and other step-down services instead of standard residential program services. This is a slight savings of $100k.
aa. Chair: There are no adjustments to DD?
bb. Stenning: Its current level and the Governor supported that.
cc. Catherine Taylor: DEA submitted to Governor current services budget and it was accepted. There's a reduction to the request for RIPAE, which doesn't represent a cut in benefits, but rather the anticipated expenditure. Its not firm – a letter was sent to RIPAE members reminding them of changes and of the process for applying for direct reimbursement – they have until end of March to apply for full benefit feel entitled to…We have paid out 160 checks, 100 waiting action, received 200 requests in last 2 weeks. We're also continuing to collect rebates as well; so additional funds are there to use towards payouts. The budget also called for a $2 copay for RIDE transport – this was the only thing without a copay. It doesn't apply to Medicaid and CNOM populations – just 'all other.'
dd. Bonnie Sekeres: Is this one way or round trip?
ee. Catherine: One way.
ff. Jim Nyberg: Clarifying; this is *not* CNOM and Medicaid?
gg. Catherine Taylor: This is "all other" -- So private pay participants only. 80% of adult day on Medicaid and CNOM.
hh. Virginia Burke: who else qualifies? Over 65?
ii. Catherine Taylor: over 60 or with a proven disability.
jj. Maureen Maigret: There are community service cuts too – they're not as visible, but impact on staff will be shared.
kk. Dawn Wardyga: Seems to be, this year, a lot of stuff that is not clear in the budget that could impact services.
ll. Chair: A lot of this is not programmatic – its administrative instead so there's less of a narrative –it's a change in the line item.
mm. Dawn Wardyga: I understand its not really visible in the budget articles, but why these changes? They're policy/procedure changes – why don't they fall under the Administrative Procedures Act?

nn. The Chair that it's a legislative issue and will have a public hearing. This process takes precedence under the APA. The budget document is written for the analysts, not for people to understand the changes. Senate put out the review of the budget and this reflects the changes. The House does one as well. They usually go online and they'll do it by department and agency. This is where you'll find it. There aren't always hearings on the individual changes, just the budget in general.
oo. Dawn Wardyga: last year there was a specific presentation comparing RI to states that do things differently and there was no opportunity for public comment. It wasn't clear whether we were heard or not. There were corrections made after that process, but that gets buried somewhere. In this budget, you don't know whether they communication was received, understood, etc.
pp. Chair: This is the role of the public hearings. When the budget section comes up, that is when groups need to come in and educate.
qq. Dawn: It is critical for consumer advocates, as they inform their constituencies, to know what is going on. We need information and the opportunity to have a voice in the process.
rr. Chair: this is what a lot of the advocacy groups do – communicating. It's also an organizational question to decide who to bring in to testify, participate, etc.
ss. Jim Nyberg: It is ironic that last month we had the oral health presentation and this month we're talking about its elimination.
tt. Virginia Burke: Elena mentioned the roundtable?
uu. The response was that is was for children.

5. Legislative Update:
    a. Voter Identification challenges:
        i. Chair: We have scheduled a meeting with the Secretary of State to emphasize the importance of finding a way to help other groups without transportation obtain voter id's. We will keep the Council informed of our progress. Please let us know if you are interested in joining that meeting.
        ii. Bonnie Sekeres: Can we tweak the locations to include local city and town Board of Canvassers?
        iii. Chair: There's no photo capability at those locations.
        iv. General suggestion: Post offices?
    b. Legislation:
        i. Lindsay provided the Council with a brief overview of the pieces of legislation the Committee members shared during the Legislative Committee meeting earlier that morning, including a background check requirement for companion/homemaker service providers, a change to nursing home payment methodology to account for labor costs, a telehealth parity bill, a bill to license homecare and companion care providers, AARP's "complete streets" legislation, a bill to require that DNR's would follow the

patient to new/different facilities, a bill to insert finding into the homecare statute to reflect homecare worker's contributions, bills to restore cuts to SSI and to restore DD cuts, and a Medicaid buy-in bill.

ii. Bonnie Sekeres mentioned concerns over the voter id bill and the challenge to obtain id's at RMV or SOS offices when transportation is a real concern.

c. State Plan for Alzheimer's and Dementia:

i. The Chair recognized Catherine Taylor to speak about a proposed State Plan for Alzheimer's Disease and Dementia care.

ii. Catherine Taylor shared with the Council that she was working with the office of the Lieutenant Governor on a proposal to create a state plan. While this is in the early stages, we'll be looking to involve the Council, possibly as a sub-group, and ask that if you're interested in joining this initiative, please let us know. We will keep the group informed as to progress.

6. The Chair asked if there was public comment and there was none.
7. The meeting was adjourned at 11:38 am.